

● PRINTER RUSH ●
(PTO ASSISTANCE)

Application : <u>10/730,910</u>	Examiner : <u>Payer</u>	GAU : <u>3724</u>
From: <u>J. Robbins</u>	Location: <u>IDC</u> FMF FDC	Date: <u>11-16-05</u>
Tracking #: <u>Epm10730910</u>		Week Date: <u>7-18-05</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input checked="" type="checkbox"/> Other NOA: 7-11-05
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Please verify the 1st Examiner amendment in NOA 7-11-05, the data in the amendment does not correspond to the data in claim 1.

In claim 1, line 2, after "1" ...

The number 1 is not in claim 1.

Thank You
[Signature]

[XRUSH] RESPONSE: _____

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04